24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
WOMEN VOTE!		
	C C00473918	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Screen Strategies Media	10 07 Y Y Y Y Y	
Mailing Address 11150 Faifax Blvd	Amount	
Ste 505	Amount	
City State Zip Code	323778.00	
Fairfax VA 22030	Transaction ID : SE-6206 Date of Disbursement or Obligation	
Purpose of Expenditure TV Media Buy Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	ce Sought: X House District: 02	
Bruce Poliquin Oppose	President Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Screen Strategies Media	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 11150 Faifax Blvd	10 07 2014	
Ste 505	Amount	
City State Zip Code	14050.00	
Fairfax VA 22030	Transaction ID : SE-6207 Date of Disbursement or Obligation	
Purpose of Expenditure Online Media Ruy Category/	M M / D D / Y Y Y Y	
Online Media Buy	09 23 2014	
Name of Federal Candidate Support Office	ce Sought: House District: 02	
Bruce Poliquin Oppose	President Senate State: ME	
	pursement For: Primary X General	
Per Election for Office Sought 349828.00 201	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	337828.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(_,	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Caroline Fines [Electronically Filed] Date	10 07 Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
WOMEN VOTE!	C C00473918	
Check if 24-hour report X 48-hour report New report Amends report filed on		
	of Public Distribution/Dissemination	
	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 11150 Faifax Blvd	unt	
Ste 505		
City State Zip Code Fairfax VA 22030 Trans	12000.00 saction ID : SE-6208	
Date	of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office Sough	ht: X House District:02	
Bruce Poliquin		
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ont For:	
	of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address Amo	unt	
City State Zip Code		
Date	of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Soug	ht: House District:	
Oppose Presid	,	
Calendar Year-To-Date Disburseme	ent For: Primary General	
Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	12000.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures	349828.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Caroline Fines [Electronically Filed] Date 10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		